

FILED
MAY 22 PM 4:50
U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

TO WHOM IT MAY CONCERN:

CASE NO# 3:07-CV-06478-wha

PETITIONER
ALEX D. CAMP
VS.
DEFENDANT
P. LEONIDA

DATE: 5/20/08

On December 12th, 2007, I the petitioner Alex D. Camp filed a **Civil Law Complaint** against CDCR staff P. Leonida for Violation of Article 2. Section 3391.(a) OF THE Director's rule book **Title 15**, which states in part "Employee's shall be alert, courteous and professional in dealing with inmates".... and for Violation of my rights under the **Eight Amendment** on the date of May 30th, 2007.

During a class session with C/O P. Leonida, disregarded the proper procedures attending to a health matter, and showed deliberate indifference to my health and safety in that he failed to take heed to my request prior to the seizure that I was feeling faint and needed Medical attention; thereby Violating my rights under the **Eight Amendment**, see: Hope Vs. Pelzer, 536 U.S. 730, 738, 122 S.Ct 2508, 153 L.Ed. 2d 666 (2002).

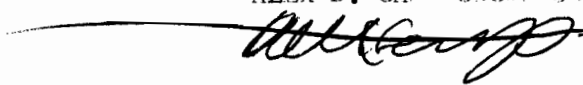
I am writing this letter in regards to the next steps necessary in completing my **Civil Law Suit**. I suffer from a severe case of Epilepsy otherwise known as Seizures. My Medical files specifically explain my condition in which I will include all relevant copies with this letter.

I am under pressure to have this lawsuit settled as soon as possible. Please inform me of any issues or matters that have to be undertaken beforehand, this is my first **Civil Law Suit**, nonetheless, I am very adamant about proceeding with this case. My health is at stake and is far more important than an incompetent staff member who has shown that he has deliberate indifference to my health and safety. More importantly, I just do not want this to happen to another inmate again.

Training of staff at all levels including health care should be a vital concern of the CDCR.

Thank you in advance for your assistance and much needed cooperation.

PETITIONER
ALEX D. CAMP CDC#F-60310



STATE OF CALIFORNIA
INMATE PASSDEPARTMENT OF CORRECTIONS
CDC 129 (7/88)

INMATE'S NAME <i>CAMP</i>	CDC #: <i>F-60510</i>	HOUSING #: <i>02H-77-14</i>
ISSUED BY: <i>Leonida</i>	DATE: <i>5/31/07</i>	PASS FROM: <i>ED</i>
PASS TO: <i>Medical</i>	DATE: <i>5/31/07</i>	TIME: <i>12:00</i>
REASON: <i>Serzun</i>		
ARRIVAL TIME:		RECORDED BY:
DEPART TO:	TIME:	RECORDED BY:

NAME: Camp, A. CDC#: F60310 DATE: 5/31/07

DOB: 02/02/87

DOA: 04/05/07

PAROLE DATE: unknown

HOUSING UNIT: 2H77-LOWER

TTA-PA

S: This is a 20 y/o AAM with h/o seizures, brought in by Med-1 with altered mental status. EMT reports semi-witnessed seizure in education center. EMT reports that patient was noted to be "not acting right," then was "shaking" on floor, but no other history available. Unknown distance of fall or head trauma, but presumed that he went to floor from a seated position.

MR indicates he is a recent arrival from Wasco prison on Dilantin. Last dilantin level was therapeutic, 11.0 on 2/21/07. Notes indicate pt. reported his last seizure on 02/07. He was formerly on two meds, Depakote was d/c on 03/28/07 but unclear as to why.

PH: Seizures secondary to TBI or anoxia (?) 2004?. Pt. states he was involved in a chemical/trauma episode and later awakened from a coma in the hospital in Fresno, CA. He cannot articulate his diagnosis or course in hospital.

*meds:
Dilantin
200mg qds.*

O: BP 145/104 (repeat 148/96) HR 88. RR 20. T 99.0. SpO2 99% ra. CBG = 140. Awake, eyes open spontaneously, gradually improving from nonverbal to oriented x1, breathing easily. Skin: w/p/d, no cyanosis. HEENT: NC/ No gross head trauma. Occipital scalp tender w/o deformity. No oral trauma. PERRL, 3mm. Ears clear, no hemotympanum. Nares patent w/o fluid or bloody d/c. Neck supple, no palpable tenderness over C-spine, no step-offs or deformities. Chest nontender. CTAB, good volume. RRR, s1s2 nml, no m/r/g. ABD: BS normoactive. Normal contour. Soft, NT, ND. No peritoneal signs. No incontinence. EXT: Warm and well perfused x4. MAE symmetrically. No gross deformities or evidence of trauma. No edema.

TTA Course: Oxygen placed by n/c 3lpm. Pt gradually becomes oriented x3 over 30 min. period. Refuses oxygen. Amnesic for a period of one hour, then recalls feeling like he had a seizure. No further c/o HA or pain. Ambulating steadily with ease and requesting to return to cell. Reports compliant with meds. Labs ordered as stat: CBC, BMP, U/A, Dilantin level. Results for dilantin pending until tomorrow.

A: 1) Witnessed seizure w/ appropriate post-ictal – Improved. 2) Mild scalp contusion. This is a single seizure with no other reported recent ones in patient with known history.

P: Will schedule f/u with PCP tomorrow in H-unit. Dilantin level should be available by then. No new therapies at this time.

Nancy Bahnsen
Nancy Bahnsen, M.S., PA-C

State of California Department of Corrections Wasco State Prison

Prior Page Number: _____

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES:

All Staff, Clinicians, Treatment Teams.

Date:	Time: 2040- 0001630	Staff:	Reason for Visit	Scheduled Length:
2/27/2007		McGuire, M.D.	Psychiatric Consultation	0.25
Housing:	FDB50000000116L	Release Date:	Current Diagnosis:	
CONTACT:	<input type="checkbox"/> Case Manager <input type="checkbox"/> IDTT <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Individual <input type="checkbox"/> Other			
Completed? Yes / No <input type="checkbox"/> Out of Cell <input type="checkbox"/> Cell Front Reason not Completed _____				
REFERRED BY	<input type="checkbox"/> MH <input type="checkbox"/> Custody <input type="checkbox"/> Medical <input type="checkbox"/> Emergency <input type="checkbox"/> I/M Request <input type="checkbox"/> Other			
Subjective:	e fact OK			
<input type="checkbox"/> Current Meds on back <input type="checkbox"/> No Side Effects Drug History & Drug of Choice: MS Cocaine				
Past Suicide History: <input checked="" type="checkbox"/> Denies h/o any past suicide attempt Allergies: <input type="checkbox"/> NKDA AIMS <input checked="" type="checkbox"/> Negative Score _____				
Objective:	Mental Status Examination Appearance <input checked="" type="checkbox"/> Well Groomed Behavior <input checked="" type="checkbox"/> Cooperative Speech <input checked="" type="checkbox"/> Normal rate & tone Thought Process <input checked="" type="checkbox"/> Goal Directed, linear & logical Thought Content <input checked="" type="checkbox"/> No Delusions <input checked="" type="checkbox"/> No Hallucinations <input checked="" type="checkbox"/> No Psychosis Vague talk of voices Mood today is "good"			
Assessment:	AFFECT: <input checked="" type="checkbox"/> Euthymic, full range <input type="checkbox"/> Constricted <input type="checkbox"/> FLAT <input type="checkbox"/> ANGRY <input type="checkbox"/> SAD <input type="checkbox"/> Intense <input type="checkbox"/> Inappro			
Suicidal Ideation: <input checked="" type="checkbox"/> Denies at present time, very stable				
Homicidal Ideation: <input checked="" type="checkbox"/> Denies any at present time, none evident				
Insight: <input type="checkbox"/> Good <input checked="" type="checkbox"/> Limited <input type="checkbox"/> Poor				
Judgment: <input type="checkbox"/> Good <input checked="" type="checkbox"/> Limited <input type="checkbox"/> Poor				
AXIS I MS, Coc Dependence				
AXIS II Deferred				
Plan:	Axis III <input type="checkbox"/> None Family Hx of D. related			
Axis IV Incarceration _____ months remaining/ _____ years <input checked="" type="checkbox"/> Uncertainty about date of parole / parole violation				
Axis V Current GAF = 50				
R, Atarax 100, Bupropion 270D				
Education:	<input checked="" type="checkbox"/> Patient educated about the nature of his mental illness, treatment options & side effects of meds <input type="checkbox"/> Labs Ordered <input type="checkbox"/> Patient noted to show improvement and progress on current medications. <input checked="" type="checkbox"/> Medication Informed Consent Obtained <input type="checkbox"/> CONTINUE CURRENT MEDICATIONS. <input type="checkbox"/> Patient refuses psych meds, Keykea criteria not met & Med Refusal form is in file.			
				Psychiatrist Signature
				Follow up: 90D

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96] Confidential Client/Patient Information See W I Code, Section 5328	LEVEL OF CARE: CCCMS	Last Name:	First Name:
		CAMP	ALEX
		CDC # F60310	DOB 2/2/1987

California Department of Corrections

Health Care Services Division

Inst: SF Encounter Form: SeizuresName: Seiza, Alex CDC# F60810 DOB 2-2-87 Date/Time 5-31-07 0844

Fill in the blanks and check all that apply

SUBJECTIVE:Chief Complaint: SeizureTime: 0840 ☐ patient found ☒ of onset

Circumstances surrounding seizure:

- ☒ Info from witness(name, description of event): That I'm now observed shaking and slumping to ground NO tonic/clonic activity.
- ☐ Info from patient: None offered

I'm Confused.Glasgow
Coma
Scale
(GCS)

9 → 13

Parameter	Finding	Score
Eye Opening	Spontaneously	4
	To speech	3
	To pain	2
	Do not open	1
Best Verbal Response	Oriented	5
	Confused	4
	Inappropriate speech	3
	Unintelligible speech	2
Best Motor Response	No verbalization	1
	Obeys command	6
	Localized pain	5
	Withdraws from pain	4
	Abnormal flexion	3
	Abnormal extension	2
	No motor response	1

Interpretation: best = 15; worst = 3

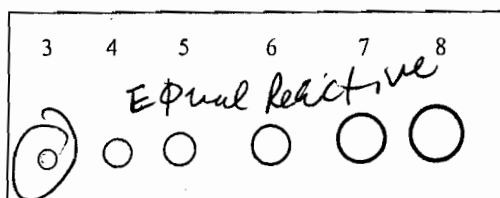
Pain: Scale of 0-10 (0=no pain 10=worst pain) 5/10Area of pain: Back of head

What makes it better or worse?

History of: ☒ Loss of consciousness ☐ Head trauma?☐ Alcohol / drug Abuse ☒ Seizure disorder☒ Seizure medications ☐ Psychiatric illness☐ DiabetesCurrent: ☐ alcohol use ☐ drug use ☐ pregnant☐ N/V ☐ headache ☐ visual disturbances☐ head trauma ☒ aura Describe: WitnessChronic illnesses: SZ wellAllergies: DeniesAnticonvulsant medications: 200mg DilantinLast dose: HSCurrent medications: see list**OBJECTIVE:**☒ ABCs present☐ Awake/alert, oriented to person, place, time

Vital Signs

Time	BP	Pulse	Resp	O2 Sat.
<u>0846</u>	<u>145/104</u>	<u>84</u>	<u>20</u>	<u>99%</u>
<u>0858</u>	<u>146/96</u>	<u>102</u>	<u>18</u>	<u>99%</u>

T99
34pmPupil
Size

Glasgow Coma Scale				
Time	0845	0846	0850	0858
Eye Opening	4	4	4	4
Best Verbal Response	2	4	4	5
Best Motor Response	5	5	6	6
Glasgow Coma Score	9	13	14	15
Oriented to time, person, place, situation	Y (N)	Y (N)	Y (N)	Y (N)

Time	Circle and describe
<u>0846</u>	<u>PERL</u> Abnormal
	PERL Abnormal
	PERL Abnormal
	PERL Abnormal

Seizure activity: Started (time) 0830 Ended (time) ?☐ Observed ☒ Reported by: School StaffLoss of consciousness (circle) YES NO☐ Clonic/tonic movements ☐ Profuse salivation☐ Urinary incontinence ☐ Stool incontinence☐ Cyanosis ☐ Apnea☐ Abnormal eye movements(describe) _____Automatisms: ☐ Lip smacking ☐ Swallowing☐ Chewing ☐ Other: _____☐ Fresh needle marks (location) _____Fingerstick blood glucose: (time/ results) 146 - 0845Description of seizure (post-ictal period) Awake on
in transport TO TTA Dazed
now-verbalR. Dupon RN

Signature / Title

California Department of Corrections

Health Care Services Division

Encounter Form: Seizures

Name: CAM P. AlexCDC# FL0310 DOB 2-2-87Date/Time 5-31-07 0844Aries: (describe) 0

Fill in the blanks and check all that apply

☐ Ativan 4mg IV over 2 minutes1st Dose: (time started/site) _____2nd Dose: (time started/site) _____☐ Valium 5 mg IV over 2 minutes given1st Dose: (time started/site) _____2nd Dose: (time started/site) _____☐ 50ml of 50% Dextrose IV push over 2 minutes started at (time) _____ for fingerstick below 50 mg/dL.

Fingerstick after medication: _____

☐ Treatment given per RN Protocol: _____**EDUCATION:**☐ Patient oriented to time, person, place, circumstancesPatient instructed in: ☐ Use of medication☐ Use of alcohol and/or drugs☐ Blood glucose monitoring☐ Importance of keeping scheduled appointments☐ Other: _____☐ Resubmit Health Care Service Request Form

(CDC) 7362) if: seizure reoccurs, aura or loss of consciousness occurs; use of drugs or alcohol; missed medications; or _____

☐ Patient Health Care Education Forms given to patient: (specify) _____☐ Patient verbalized understanding of instructions.☐ Education deferred due to patient condition**DISPOSITION**

Time released: _____

☐ Condition on release: _____☐ Returned to housing unit☐ Housing reassignment to: _____☐ Referred for follow-up☐ Physician clinic ☐ RN clinic

Referred to higher level of care: (specify) _____

Person/time contacted: _____

☐ Records faxed to facility

Time/Mode of transfer: _____

ERV contacted (time) _____

ERV arrived (time) _____

Additional Comments M25 - blooddrawn & sent to lab statAdditional Comments: 21m - now verbally mostly appropriate, still unresponsive - unable to give birth date or Age or exactly where he is.**ASSESSMENT:**Risk for injury related to/evidenced by: LOCRisk for aspiration related to/evidenced by: insecure airway potential

Alteration in tissue perfusion, cerebral, related to/evidenced by: _____

PLAN:MD referral completed: (circle) NO / YES? If yes:☒ STAT (Status epilepticus) ☐ Urgent ☐ RoutinePhysician called (name / time) BahnerPhysician responded (time) present**ACUTE SEIZURE ACTIVITY**☐ Placed in C-spine collar and on back board☒ Seizure precautions implemented: ☐ patient in bed☒ side rails up ☐ side rails padded☒ Environment cleared of objects with potential to cause harm to patient.☒ O2 given via ☒ cannula ☐ rebreather mask at3 l/min to maintain O2 Sat \geq 90%.

Pulse oximeter reading on O2 _____

☐ Oral airway used ☐ Nasopharyngeal airway used☐ Assisted ventilation used☐ Patient placed on _____ side to prevent aspiration.☐ Mouth suctioned for emesis or excessive saliva☐ Anticonvulsant serum drug level drawn (specify) _____**STATUS EPILEPTICUS**☐ IV of Normal Saline at TKO started at (time) _____ in (location) _____ using (needle) _____☐ Ativan 4mg IM1st Dose: (time/site) _____2nd Dose: (time/site) _____



FIELD ASSESSMENT FORM

DATE 5-31-07 CREW med 1 / 0833

ENG #

UNIT #

LOCATION Education City

PT. AGE

M F

WEIGHT

LEVEL OF DISTRESS MILD / MODERATE / SEVERE

HOW PATIENT FOUND Supine on floor

CHIEF COMPLAINT / PROBLEM Possible

Check if Normal

PHYSICAL ASSESSMENT

P Seizure

HEAD ☐

Q

FACE ☐

R

PUPILS

☒ PERL ☐ Unequal L / R is larger

S

☐ No Response ☐ Sluggish ☐ Pinpoint ☐ Midrange ☐ Dilated

T

PERTINENT OTHER HISTORY

NECK ☐

Unknown

CHEST ☐

MEDICATIONS

ABDOMEN ☐

Unknown

PELVIS ☐

ALLERGIES

Unknown

PRIVATE MD

BACK ☐

VITAL SIGNS

LEVEL OF CONSCIOUSNESS ☐ Unconscious

Oriented to: ☐ Person ☐ Verbal
☐ Place ☐ Painful
☐ Time ☐ Sluggish
☐ Situation ☒ Non-Responsive

☐ Prior Loss of Consciousness Duration: _____EXTREMITIES ☐NEURO EXAM ☐DISTAL PULSE ☐SKIN SIGNS ☐ All WNL

☐ WNL ☐ WNL ☐ WNL
☒ Pale ☐ Wet ☐ Cool
☐ Cyanotic ☒ Clammy ☐ Cold
☐ Flushed ☐ Dehydrated ☒ Hot

TIME

TREATMENT

TIME BP P R EKG

131/79 120

COMMENTS

TTA med 1 Gurney

LUNG SOUNDS ☐

NAME Camp F60310

DOB

PHONE ()

ADDRESS

CITY

STATE

ZIP

Alex Camp F60310
4-H-galton SQSP
San Quentin CA 94974



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mail

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